



1085 Winnipeg Ave.
Winnipeg, MB
R3E 0S2

DONOR INFORMATION

DATE: _____

Name: _____

Address: _____

City: _____ Province _____ Postal Code _____

Phone Number: _____ Email: _____ Cell: _____

Amount of Gift: \$ _____ Monthly Gift: \$ _____ Start month: _____

Method of Payment: Visa Mastercard Cheque # _____ Cash

Credit Card #: _____ Expiry Date: ____/____

- Designate to: First Steps baby formula program Training Programs/Employment Assistance
 Kids Who Care Personal Care Empty Bowls Celebrity Auction
 Empty Bowls Soup-er Lunch CBC Radiothon Golf Tournament
 Give 30 Direct Mail Empty Bowls Soup-er Week
 Other _____

Make cheque payable to: *Winnipeg Harvest*

***ARE YOU RESPONDING TO A MAILING OR REQUEST FOR SUPPORT? _____

.....
In Memory / Honour / Celebration of: _____

Occasion if applicable: _____

Message: _____

ACKNOWLEDGEMENT CARD INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date mailed: _____

Received by: _____ Processed by : _____ Process date: _____